

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Before the Board of Patent Appeals and Interferences

In re Patent Application of

YABE et al

Serial No. 10/021,438

Filed: December 19, 2001

Title: ACOUSTIC APPARATUS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Atty Dkt.: 4105-2

C# M#

TC/A.U.: 2644

Examiner: A. Graham

Date: September 23, 2004

I hereby certify that this
correspondence is being transmitted
by facsimile to the Patent and
Trademark Office on September 23,
2004, specifically to 703-872-9306.


Signature

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SEP 23 2004

Sir:

☐ Correspondence Address Indication Form Attached.☒ **NOTICE OF APPEAL**

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision
of the Examiner.

(\$ 330.00)

\$ 330.00

☐ An appeal **BRIEF** is attached in triplicate in the pending appeal of the
above-identified application (\$ 330.00)

\$

☐ Credit for fees paid in prior appeal without decision on merits

-\$ ()

☐ A reply brief is attached in triplicate under Rule 193(b)

(no fee)

☒ Petition is hereby made to extend the current due date so as to cover the filing date of this
paper and attachment(s) (\$110.00/1 month; \$420.00/2 months; \$950.00/3 months; \$1480.00/4 months)

\$ 420.00

SUBTOTAL \$ 750.00

☐ Applicant claims "Small entity" status; enter 1/2 of subtotal and subtract

-\$ ()

☐ "Small entity" statement attached.

SUBTOTAL \$ 750.00

Less month extension previously paid on

-\$ (0.00)

TOTAL FEE - CHARGE TO DEPOSIT ACCOUNT \$ 750.00

Any future submission requiring an extension of time is hereby stated to include a petition for such time extension.
The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or
asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this
firm) to our **Account No. 14-1140**. A duplicate copy of this sheet is attached.

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NIXON & VANDERHYE P.C.

By Atty: Michael J. Shea, Reg. No. 34,725

Signature:

